FY 2015 INSPECTION CONCLUSION DATA SHEET (ICDS)

EPA Region 10

CWA NPDES

ICDS data is required to be reported for all on-site compliance inspections conducted by EPA inspectors, Senior Environmental Employees, or EPA contractors. States and tribes are not required to report ICDS data even if using EPA credentials. In addition to the 'core' compliance monitoring data, additional information is required if the inspection has a 'NPDES Special Regulatory Program' component. This form requires the inspector to provide the requested information by entering data in a text box, or checking the applicable box in a multi-select pick list. **DO NOT MODIFY FORM**

Compliance Activity Type: Inspection/Evaluation

1. EPA Lead Inspector:

First & Last Name:	Matt Vojik
Telephone #: (include area code)	206-553-0716

2. Compliance Monitoring Dates: *(mm/dd/yyyy of inspection)*

Actual Start Date:	9/23/15
Actual End Date:	9/23/15

3. Compliance Monitoring Activity Name:

This is a descriptive name to help identify the compliance monitoring activity *(e.g., Castle Peak Construction LLC – Hidden River Estates construction site)*.

Puget Sound Naval Shipyard and Intermediate Maintenance Facility

4. On-Site Facility Representative? *(Check No or Yes)*

	No
x	**Yes➔** If checked, provide the following information:

Facility Representative: (first & last name)	Michelle Aylward
Individual's Title:	NPDES Program Manager
Organization:	Puget Sound Naval Shipyard and Intermediate Maintenance Facility
Telephone #: (include area code)	360-476-0118
Mobile #:	360-535-2898
Email Address:	michelle.aylward@navy.mil

5. Linked Facility:

A. Media-Specific Programmatic ID:

For CWA NPDES facilities, this is the assigned 9-digit alphanumeric number (*e.g., NPDES IDR10BD47)*.
ONE & only one **Programmatic ID** must be linked to the Inspection. *(Enter assigned NPDES #)*

NPDES WA0002602

B. Facility Classification: *(Check ONE)*

X	NPDES Major
	NPDES Minor
	NPDES Unpermitted

C. Facility Site Name & Physical Location of Site Inspected:

Commercial Name of the Facility:	Puget Sound Naval Shipyard and Intermediate Maintenance Facility
Street Address or Detailed Description:	1400 Farragut Ave
City:	Bremerton
County:	Kitsap
State:	WA
Zip Code:	98314-5001

D. Facility Latitude & Longitude: *(Decimal Degrees only)*

Latitude: *(e.g., +46.3271)*	+47.56212
Longitude: *(e.g., -119.1202)*	-122.63729

E. Is facility site within Tribal Land? *(Check No or Yes)*

X	**No**
	Yes➔ Enter **Tribal Land Name** in text box below:

F. NAICS Codes: CTRL+Click to follow this link-> [HYPERLINK "http://www.census.gov/eos/www/naics/" \o "NAICS_SIC_Code_Lookup "]

(Enter all 6-digit NAICS codes corresponding to the site/facility in text box below)

Primary NAICS: 336611	**Other NAICS: 928110**

G. Facility Type of Ownership:

This information is specific to facility ownership; not inspection activity. *(Check only ONE)*

	Corporation
	County Government
	District
	Mixed Ownership (e.g., Public/Private)
	Municipal or Water District
	Municipality
	Non-Government
	Privately Owned Facility
	School District
	State Government
	Tribal Government
X	Federal Facility (U.S. Government)➔ Enter **Federal Agency Name** in text box below:
	U.S. Navy

H. Small Business Indicator:

This flag indicates if the Facility meets the requirements of the EPA Small Business Policy.
EPA's Small Business Compliance Policy defines a small business as "a person, corporation, partnership or other entity that employs 100 or fewer individuals (across all facilities and operations owned by the small business)." This policy further states that "The number of employees should be considered as full-time equivalents on an annual basis, including contract employees." The definition of a small municipality (in terms of a small business) is a local government serving 3,300 or fewer residents. *(Check No or Yes)*

X	**No**
	Yes

6. Federal Statute | Law Section | Program:

This is the statute & section of the corresponding regulation associated with the inspection, & the program that is authorizing the Activity or being violated. *(Check only ONE)*

	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Base Program (Limits, Reporting, Schedule)**

	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Pesticide Applier**
	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Pretreatment**
	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Sludge/Biosolids**
	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Concentrated Animal Feeding Operations (CAFOs)**
	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Combined Sewer Overflows (CSO)**
	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Sanitary Sewer Overflows (SSO)**
	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Stormwater: Construction**
X	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Stormwater: Non-Construction**
	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Stormwater: MS4**
	CWA	308[A][B]: Records & Reports; Inspections	**NPDES-Section 308 Information Requests**

7. Compliance Monitoring (CM) Action Reason:

This is the description that identifies the purpose of a Compliance Monitoring Activity.
*(Check either **Core Program** or **Agency Priority**; if ONE of the **Other** CM Action Reasons applies, it should also be checked)*

X	**Core Program**
	Agency Priority ➔ If checked, proceed to ICDS line 8 & identify the applicable **OECA National Priority**
	Other - Case Development
	Other - Citizen Complaint/Tip
	Other - For Cause
	Other - Oversight
	Other - Random inspection
	Other - Result of Spill
	Other - Selected Monitoring Action

8. FY 2015 OECA National Priority:

This is the description that identifies the national priority that prompted the initiation of the inspection. *(If **Agency Priority** was checked in ICDS line 7, you must check ONE **National Priority** in table below)*

	2015 - Energy Extraction – Land Based Gas Extraction & Production
	2015 - WW - CAFO
	2015 - WW - CAFO Regional Initiative Areas
	2015 - WW - CSOs < 50K service population
	2015 - WW - CSOs > = 50K service population
	2015 - WW - MS4s - Phase I
	2015 - WW - MS4s - Phase II
	2015 - WW - SSOs > = 10 mg/d and < 100 mg/d

9. 'Inspection Type' PCS Code Reported on EPA Form 3560-3 (Rev 1-06) in Section A – Column 18:

Only one of the available 'Inspection Type' PCS Codes can be used to describe the type of inspection conducted. The Inspection Type checked in this section should equate to Compliance Monitoring Type checked in ICDS line 10. *(Check only ONE)*

	A Performance Audit Inspection		**** CAFO (Sampling)		**F** Pretreatment (Follow-up)
	B Compliance Biomonitoring		**=** CAFO (Non-Sampling)		**G** Pretreatment (Audit)
	C Compliance Evaluation Inspection – Non-Sampling		**#** CSO (Sampling)		**I** Industrial User (IU) Inspection
	D Diagnostic		**S** CSO (Non-Sampling)		**P** Pretreatment Compliance Inspection
	J Complaints		**+** SSO (Sampling)		**!** Pretreatment Compliance (Oversight)
	M Multimedia Inspection		**&** SSO (Non-Sampling)		**U** IU Inspection with Pretreatment Audit
	N Spill		**{** Storm Water-Construction (Sampling)		**2** IU Sampling Inspection
	O Compliance Evaluation		**}** Storm Water-Construction		**3** IU Non-Sampling Inspection

	(Oversight)		(Non-Sampling)		
	R Reconnaissance Inspection		**:** Storm Water-Non-Construction (Sampling)		**4** IU Toxics Inspection
	S Compliance Sampling Inspection	X	~ Storm Water-Non-Construction (Non-Sampling)		**5** IU Sampling Inspection with Pretreatment
	X Toxics Inspection		< Storm Water-MS4 (Sampling)		**6** IU Non-Sampling Inspection with Pretreatment
	Z Sludge – Biosolids		- Storm Water-MS4 (Non-Sampling)		**7** - IU Toxics with Pretreatment
	@ Follow-up (enforcement)		> Storm Water-MS4 (Audit)		

10. Compliance Monitoring Type:

This is the description indicating the type of compliance monitoring activity conducted by a regulatory agency. The Compliance Monitoring Type checked in this section should equate to Inspection Type checked in ICDS line 9. *(Check only ONE)*

Comprehensive Type Inspections (designed to comprehensively determine compliance with the NPDES regulations & capture the most common & complete NPDES inspections)		**Alternative Type Inspections** (designed to capture less thorough, unique or unusual NPDES compliance monitoring activities)		**Industrial User (IU) Type Inspections** (apply only to the NPDES pretreatment program & designed to evaluate whether NPDES control authorities are meeting their responsibilities)	
	Audit		AFO Defined		Audit (IU)
	Diagnostic		AFO Designation		Evaluation (IU)
X	Evaluation		Aerial Photography		Sampling (IU)
	Plan Review		Case Development		Toxics (IU)
	Sampling		Field Screening Sample		
	Schedule Evaluation		Follow-up		
	Toxics		Focused		
			Hyperspectral Imaging		
	Biomonitoring ➔ If checked; you must also check a value in the following drop-down list:		Illegal Operators		
			Non-Compliance Rate		
			Reconnaissance with Sampling		
			Reconnaissance without Sampling		
			Remote Sensing		
			Satellite Imaging		
			Witness Response Drill		
			Self-Certification Verification		
			Oversight (Federal Oversight inspections conducted to ensure the integrity of a State's compliance monitoring program) ➔ If checked, skip ICDS lines 14 & 17-23		

Biomonitoring Compliance Monitoring Methods:

	Discrete Acute
	Discrete Chronic
	Discrete Method
	Flow-Through Method
	Flow-Through Acute
	Flow-Through Chronic

11. Compliance Monitoring Agency Type: *(Check only ONE)*

X	U.S. EPA
	EPA Contractor
	Other-EPA *(i.e. Senior Environmental Employees (SEE), National Enforcement Investigations Center (NEIC))*

12. Compliance Monitoring Agency Name: *(This is the only selection for ICDS)*

X	Environmental Protection Agency

13. Was this a State, Federal or Joint (State/Federal) Compliance Monitoring Activity?

*(Check either **State**, **Federal** or **Joint**)*

	State
X	**Federal**
	Joint (State/Federal) ➔ If **Joint**, you must answer the following two questions:

1) If Joint, what was the purpose of the participation of the other party? *(Check only ONE)*

	True Joint Inspection with EPA & State
	Oversight Purposes
	Training Purposes
	Assist the State

2) Which Party had the lead (in the Joint inspection)? *(Check **State** or EPA)*

	State➔ If **State**, you must answer the following question: **If State, Local or Tribal lead, did EPA assist?** *(Check No or Yes)* ☐ **No** ☐ **Yes**
	EPA

14. Media Monitored: *(Check only ONE)*

	Water (biosolids & other sludges)
	Water (navigable/surface)
	Water (sediment)
X	Water (stormwater)
	Water (wastewater to POTW)➔ ***Applies only to Industrial Users discharging to POTWs.*** If checked, you must enter the applicable **POTW Name & NPDES #** in text box below:

15. Compliance Monitoring Media Indicator: *(Check if Multimedia inspection)*

	Multimedia Indicator

16. Cross Media Indicator: Federal Facility Activity

This is an indication that directly marks the inspection activity as involving Federal Facilities. *(Check only ONE)*

X	**Federal Facility** (traditional federal facility, military base, federal land or federal agency impacting private property)
	No Federal Facility Involvement (no federal agency or federal property are involved)
	Non-Federal Party Impacting Federal Property (activity involving contractors on federal property or spills migrating to federal property)

17. Compliance Monitoring Action Outcome:

This identifies the outcome of the inspection, if known at the time of activity. *(Check only ONE)*

	Immediately Corrected
	No Compliance Monitoring (Access Denied)
	No Compliance Monitoring (Facility Shut Down)
	No Violation
	Not Immediately Corrected
X	Under Review

18. Did you observe deficiencies (potential violations) *during* the on-site inspection? *(Check No or Yes)*

	No➔ If checked, skip to ICDS line 21
	Yes➔ If checked, you must identify the **Deficiencies observed** in table below

Deficiencies observed: *(Check all applicable)*

	Potential excess emission in violation of regulations
	Potential failure to complete or submit a notification, report, certification, or manifest
X	Potential failure to follow a permit condition (s)
	Potential failure to follow a required sample monitoring procedure or laboratory procedure
X	Potential failure to follow or develop a required management practice or procedure
	Potential failure to identify and manage a regulated waste or pollutant in any media
	Potential failure to maintain a record or failure to disclose a document
	Potential failure to maintain/inspect/repair meters, sensors, & recording equipment
	Potential failure to obtain a permit, product approval, or certification
	Potential failure to report regulated events such as spills, accidents, etc.
	Potential incorrect use of material (pesticide, waste, product) or use of unapproved material
	Potential violation of a compliance schedule in an enforceable order

19. If you observed deficiencies, did you communicate the deficiencies to the Facility *during* the inspection? *(Check No or Yes)*

	No➔ If checked, skip to ICDS line 21
X	**Yes➔** If checked, proceed to ICDS line 20

20. Did you observe the Facility take any actions *during* the inspection to address the deficiencies noted? *(Check No or Yes)*

X	**No➔** If checked, proceed to ICDS line 21
	Yes➔ If checked, you must identify **Action(s) taken** in table below

Action(s) taken: *(Check only actions observed/seen)*

	Complete(d) a Notification or Report
	Correct(ed) Monitoring Deficiencies
	Correct(ed) Record Keeping Deficiencies
	Implemented New or Improved Management Practices or Procedures
	Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc.)
	Request(ed) a Permit Application or Applied for a Permit
	Verified Compliance with Previously Issued Enforcement Action – Part or All Conditions
	Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc.)
	➔ If **Reduced Pollution** is checked, you must specify at least one Pollutant in the table below. See ICIS Pollutant Reference Table for complete list of available values. The document is available on EPA R10's OCE Intranet site.

21. Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* inspections? *(Check No or Yes)*

	No
X	**Yes**

22. Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* the inspections? *(Check No or Yes)*

X	**No**
	Yes

23. Is the inspection/evaluation related to a *NPDES Special Regulatory Program*? *(Check No or Yes)*

	No➔ If checked, skip Attachments A-F
X	**Yes➔** If checked, you must identify the **NPDES Special Regulatory Program**. *(Check applicable Program in table below, then proceed to Attachment indicated)*

	Pretreatment➔ Proceed to ICDS Attachment A
	Sanitary Sewer Overflow (SSO)➔ Proceed to ICDS Attachment B
	Combined Sewer Overflow (CSO)➔ Proceed to ICDS Attachment C
	Concentrated Animal Feeding Operations (CAFOs)➔ Proceed to ICDS Attachment D
X	Storm Water (Non-Municipal)➔ Proceed to ICDS Attachment E
	Storm Water (Municipal)➔ Proceed to ICDS Attachment F

Data Collection Process:

- Inspector is responsible for collection of ICDS data during the on-site inspection.
- Inspector should complete the electronic ICDS *during* or *immediately after* the inspection is conducted.
- Inspector should email the electronic ICDS to first-line supervisor/designated alternate within five (5) days after returning from either a single inspection, or a series of inspections.
- The first-line supervisor/designated alternate should ensure ICDS data is collected & reported, and that the data is complete & accurate. Once the supervisor review is complete, the electronic ICDS should be emailed to the designated data steward for entry into ICIS. For **CWA NPDES**, ***email*** the electronic ICDS to Jeannine Brown at [HYPERLINK "mailto:brown.jeannine@epa.gov."].

ICDS Sign Off	Name	Date Completed
ICDS Completed By Inspector		9/30/2015
ICDS Review Completed By First-line Supervisor/Designated Alternate		
ICDS Data Entry Completed By CWA Data Manager	Jeannine Brown	

ICDS Attachment A: Pretreatment (page 1 of 2)

Significant Industrial Users (SIUs)

SIUs: *(total # of SIUs)*	
SIUs Without Control Mechanism: *(# of SIUs for which a current control mechanism is required but not yet issued)*	
SIUs Not Inspected: *(#)*	
SIUs not Sampled: *(#)*	
SIUs in SNC with Pretreatment Standards: *(#)*	
SIUs in SNC with Reporting Requirements: *(#)*	
SIUs in SNC with Pretreatment Schedule: *(#)*	
SIUs in SNC Published in Newspaper: *(#)*	
SIUs on Schedules: *(# of SIUs on Pretreatment or Compliance Schedules)*	
Violation Notices Issued to SIUs: *(# of formal notices of Violation or equivalent actions that have been issued to SIUs)*	
Administrative Orders Issued to SIUs: *(#)*	
Civil Suits Filed Against SIUs: *(#)*	
Criminal Suits Filed Against SIUs: *(#)*	

Categorical Industrial Users (CIUs)

CIUs: *(total # of CIUs)*	
CIUs in SNC: *(#)*	

Penalties

Dollar Amount of Penalties Collected: *($ amount of penalties/fines collected by the Pretreatment Control Authority in the past year)*	$
Industrial Users (IUs) from which Penalties have been collected: *(#)*	

Other Information

SUO Reference: *(reference to the actual local sewer use ordinance (SUO) number and chapter at the POTW and Control Authority level)*	
SUO Date: *(mm/dd/yyyy that the SUO was most recently adopted at the POTW and Control Authority level)*	
Annual Pretreatment Budget: *(total level of annual funding used to implement the Control Authority's Pretreatment program)*	$
Pass-Through/Interference Indicator:	

Local Limits

Date of Most Recent Technical Evaluation for Local Limits: *(mm/dd/yyyy on which the Pretreatment Control Authority has technically evaluated the need for local limits)*	
Date of Most Recent Adoption of Technically Based Local Limits: *(mm/dd/yyyy on which the Pretreatment Control Authority adopted local limits for pollutants)*	
Local Limit Pollutants: *(specify pollutant(s) for which local limits have been established)*	

Removal Credits

Removal Credits Application Status: *(Check ONE)*➔	☐	Not Applicable
	☐	Approved
	☐	Denied
	☐	Pending
Date of Most Recent Removal Credits Approval: *(mm/dd/yyyy)*		
Removal Credits: *(specify pollutant(s) for which removal credits have been given)*		

Acceptance of Waste

Acceptance of Hazardous Waste: *(Yes or No)*	
Acceptance of Non-Hazardous Waste: *(Yes or No)*	
Acceptance of Hauled Domestic Wastes: *(Yes or No)*	

Deficiencies

Deficiencies Identified During IU File Review: *(Yes or No)*	
Control Mechanism Deficiencies: *(Yes or No)*	
Legal Authority Deficiencies: *(Yes or No)*	
Deficiencies in Data Management & Public Participation: *(Yes or No)*	
Deficiencies in Interpretation & Application of Pretreatment Standards: *(Yes or No)*	
Inadequacy of Sampling & Inspections: *(Yes or No)*	
Adequacy of Pretreatment Resources: *(Yes or No)*	

Indicates if there have been any incidents of pass-through or interference at the POTW in the past year. *(Yes or No)*	
Violation of IU Schedule for Remedial Measures: *(Yes or No)*	

ICDS Attachment A: Pretreatment (page 2 of 2)

Other Information (continued)

Formal Response to Violation of IU Schedule for Remedial Measures: Indicates whether a Formal Enforcement Action has been taken in response to a violation of any schedule for implementation of needed remedial measures identified. *(Yes or No)*	

Facility Pretreatment Coordinator: *(First/Last Name, Phone # w/area code)*	

Annual Frequency

Annual Frequency of Influent Toxicant Sampling: *(# of times that toxicant sampling of influent was performed at the POTW over the past year)*	
Annual Frequency of Effluent Toxicant Sampling: *(# of times that toxicant sampling of effluent was performed at the POTW over the past year)*	
Annual Frequency of Sludge Toxicant Sampling: *(# of times that toxicant sampling of sludge was performed at the POTW over the past year)*	

ICDS Attachment B: Sanitary Sewer Overflow (SSO) (page 1 of 1)

SSO Event Information

SSO Event Date: *(mm/dd/yyyy)*

Cause of SSO Event: *(e.g., blockage, equipment failure, precipitation)*

Duration of Event: *(Hours)*

SSO Volume: *(Gallons)*

Name of Receiving Water: *(where the SSO discharged)*

Impact of SSO Event: *(Check only ONE)*

	SSO Reached Receiving Water
	SSO Reached Public Land Only
	SSO Affected Private Property
	Basement Backup
	SSO Occurred at Treatment Plant

System Component: *(Check only ONE)*

	Manhole
	House Lateral
	Pipe Failure
	Pump Station Failure
	Storm Drain
	Constructed Emergency Outfall
	Other ➔ If checked, describe the **'Other System Component(s)'** in text box below:

Steps to Reduce, Prevent, Mitigate: *(Check only ONE)*

	Removed Blockage
	Repaired Pipe
	Repaired Pump Station
	Other➔ If checked, describe the '**Other Steps to Reduce, Prevent, Mitigate'** in text box below:

SSO Overflow Location Information:

Either Latitude & Longitude **or** SSO Overflow Location Street Address is Required

SSO Overflow Latitude & Longitude: *(Decimal Degrees only)*

Latitude:	
Longitude:	

SSO Overflow Location Street Address: *(Street Address or Description, City, State Code, Zip Code)*

ICDS Attachment C: Combined Sewer Overflow (CSO) (page 1 of 1)

CSO Event Information

CSO Overflow Event Date: *(mm/dd/yyyy)*

Dry or Wet Weather: *(Check only ONE)*

	Dry
	Wet

Precipitation: *(total precipitation in Inches (rainfall or snowmelt) during an event)*

Duration of CSO Overflow Event: *(Hours and Minutes)*

Discharge Volume Treated: *(total volume of discharge in Gallons receiving primary treatment and disinfection, where appropriate)*

Discharge Volume Untreated: *(total volume of discharge in Gallons receiving no treatment)*

Corrective Action Taken: *(describe actions that were taken to prevent reoccurrences of an event)*

CSO Overflow Location Information

Either Latitude & Longitude, Permitted Feature Identifier, or CSO Overflow Location Street Address is Required

CSO Overflow Latitude & Longitude: *(Decimal Degrees only)*

Latitude:	
Longitude:	

Permitted Feature Identifier:

Describes where Facility pollutants are discharged, e.g., External Outfall or Discharge Pipe, Receiving Water, etc. *(Enter the 3 or 4 digit, Alphanumeric ID assigned when the Permitted Feature was added to ICIS in text box below; if unknown, ask the ICIS data steward in the NPDES Compliance Unit for this information)*

CSO Overflow Location Street Address: *(Street Address or Description, City, State Code, Zip Code)*

ICDS Attachment D: Concentrated Animal Feeding Operation (CAFO) (page 1 of 2)

General Information

Is the Animal Facility Type a CAFO? *(Yes or No)*	
CAFO Classification? *(Large, Medium, or Small)*	
CAFO Designation Date: *(mm/dd/yyyy)*	
Designation Reason:	

Discharges During Year From Production Area: *(Check only ONE)*

	No
	Yes (Authorized only)
	Yes (Unauthorized only)
	Yes (Both Authorized/ Unauthorized)

Solid & Liquid Manure

Solid Manure or Litter Generated: *(total amount in Tons generated annually by the Facility)*	
Liquid Manure or Wastewater Generated: *(total amount in Gallons generated annually by the Facility)*	
Solid Manure or Litter Transferred: *(# of Tons produced by the CAFO that will be transferred to other persons)*	
Liquid Manure or Wastewater Transferred: *(total Gallons produced by the CAFO that will be transferred to other persons)*	

NMP (Nutrient Management Plan)

Does the facility have an NMP developed or approved by a certified planner? *(Yes or No)*	
NMP Developed Date: *(mm/dd/yyyy)*	
NMP Last Updated Date: *(mm/dd/yyyy)*	

EMS (Environmental Management System)

Does the facility have an EMS? *(Yes or No)*	
EMS Developed Date: *(mm/dd/yyyy)*	
EMS Last Updated Date: *(mm/dd/yyyy)*	

Land Application BMP (Best Management Practices)

	Type: *(Check all applicable)*
	Buffers
	Setbacks
	Conservation Tillage
	Constructed Wetlands
	Infiltration Field
	Grass Filter
	Terrace
	Residue Management
	Other: *(Specify)*

Animal Type

	Type: *(Check all applicable)*	**Open Confinement Count:** *(#)*	**Housed Under Roof Confinement Count:** *(#)*	**Total # of Each Animal Type:**
	Mature Dairy Cattle			
	Veal Calves			
	Cattle (All except Mature Dairy Cattle & Veal Calves)			
	Swine over 55 lbs			
	Swine under 55 lbs			
	Horses			
	Sheep's or Lambs			
	Turkeys			
	Chicken (All except Layers)			
	Chicken (Layers)			
	Ducks			
	Other: *(Specify)*			

Manure, Litter, & Processed Wastewater Storage Type

	Type: *(Check all applicable)*	**Storage Total Capacity Measure:** *(# of Tons or Gallons; specify)*	**Days of Storage:** *(#)*
	Wastewater Treatment Lagoon		
	Storage Lagoon		
	Evaporation Pond		
	Above Ground Storage Tanks		
	Below Ground Storage Tanks		
	Roofed Storage Shed		
	Concrete Pad		
	Impervious Soil Pad		
	Underflow Pits		
	Anaerobic Digester		
	Outdoor Piles		
	None		
	Other: *(Specify)*		

ICDS Attachment D: CAFO (page 2 of 2)

Land Application

Land Available for Application Measure: *(# of acres)*	
Number of Acres of Contributing Drainage from Production Areas: *(# of acres that are drained & collected in the production area)*	

Livestock

Livestock Maximum Capacity: *(# of animals)*	
Livestock Capacity Determination Based Upon: *(# of animals)*	
Authorized Livestock Capacity: *(the maximum # of animals that the Facility is authorized to handle which could be the same as the Designed Maximum Capacity)*	

Containment Type

	Type: *(Check all applicable)*	**Total Capacity:** *(# of Gallons)*
	Lagoon	
	Holding Pond	
	Evaporation Pond	
	Other: *(Specify)*	

Violation Type

	Type: *(Check all applicable)*
	Failure to Have an NMP
	Failure to Follow an NMP
	Inadequate Storage
	Unauthorized Discharge
	Improper Record Keeping
	Failure to Follow Setbacks/Vegetative Buffering
	Failure to Sample/Test Manure/Soil
	Failure to Submit Annual Report

ICDS Attachment E: Storm Water (Non-municipal) (page 1 of 1)

Construction & Industrial

No Exposure Authorization Date: *(mm/dd/yyyy)*	

SWPPP Evaluation Date: *(mm/dd/yyyy)*	9/23/2015

SWPPP Evaluation Basis:
Identifies the basis on which the Storm Water Pollution Prevention Plan (SWPPP) was evaluated. *(Check ONE)*

X	**On Site**
	Off Site

SWPPP Evaluation: (inspector comments should relate to SWPPP evaluation only)	I did not identify problems with the SWPPP.

Inspection of an Unpermitted Construction Site

Project Type: *(Check ONE)*	
	Commercial
	Industrial
	Residential
	Agricultural
	Oil and Gas
	Mining
	Other: *(Specify)*

Estimated Start Date (of construction project): *(mm/dd/yyyy)*	

Estimated Complete Date (of construction project): *(mm/dd/yyyy)*	

Estimated Area Disturbed (by the entire construction project): *(Acres)*	

Project Plan Size (of the construction project): *(Check ONE)*	
	Less than 1 acre
	1-5 acres
	Greater than 5 acres

ICDS Attachment F: Storm Water (Municipal) (page 1 of 1)

General Information

MS4 Annual Expenditure:	$
MS4 Annual Expenditure Year *(yyyy)*	

MS4 Budget:	$
MS4 Budget Year: *(yyyy)*	

Projected Sources of Funding: *(Check all applicable)*

	Storm Water Utility
	Grant(s)
	Loan(s)
	Local Taxes
	Utility Surcharge
	Other

MS4 Outfalls

Number of Major MS4 Outfalls: *(#)*	

Major Outfalls Estimated/Measured: *(Check ONE)*

	Estimated
	Measured

Number of Minor MS4 Outfalls: *(#)*	

Minor Outfalls Estimated/Measured: *(Check ONE)*

	Estimated
	Measured